

## Foster Family Home - Corrective Action Report

Provider ID: 1-190002

Home Name: David Drig, NA

96-239 Waiawa Road, #B

Pearl City

HI 96782

Review ID: 1-190002-1

Reviewer: Angelica Galindo

Begin Date: 1/3/2019

### Foster Family Home

### Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person new CCFFH certification review made on 1/3/19. Corrective Action Report issued during home visit with all items due to CTA by 2/03/19.

6.(d)(1) - see applicable sections of the review

### Foster Family Home

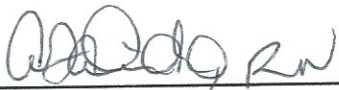
### Personnel and Staffing


[11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No proof of basic first aid for CG#1 present in home folder.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed In Corrective Action Report  
Chapter 17-1454

CCFFH Name: DAVID DRID

CCFFH Address: 96239 WAIANA RD, #B PEARL CITY, HI 96782

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(8)	OBTAINED BASIC FIRST AID. COPY WAS PLACED INTO ADMINISTRATIVE BINDER	01/04/2019	HOME UNDERSTANDS THE REQUIREMENT OF CPR, AED AND FIRST AID CERTIFICATION. HOME WILL USE IPHONE CALENDER FOR REMINDERS ON ALL CERTIFICATES TO PREVENT ANY FUTURE LAPSES. 30 DAYS BEFORE DUE DATES.

Primary Caregiver's Signature: David Drid

Print Name: DAVID J. DRID

Date of Signature: 01/04/19